



Department of Motor Vehicles
Tax Services
P.O. Box 27422
Richmond, Virginia 23261-7422

FT 462 is the Virginia
Fuels Tax Bond form.

VIRGINIA

FUELS TAX LICENSE

APPLICATION

If you have questions or need help preparing this application, contact Virginia's Tax Services at:
(804) 367-4328 or 367-4329 (voice)
(800) 272-9268 (deaf or hearing impaired ONLY)
(804) 367-0233 (fax)

Use this chart to determine the type of license that you need to obtain.

LICENSE TYPE CHART

LICENSE TYPE	DEFINITIONS
Aviation Consumer	any person who: <ul style="list-style-type: none"> • uses in excess of 100,000 gallons of aviation jet fuel in a fiscal year, and • holds a fuels tax license issued under the Virginia Fuels Tax Act.
Blender	a person who produces blended fuel outside of the terminal transfer system.
Bonded Importer	a person, other than a supplier: <ul style="list-style-type: none"> • who obtains motor fuel for import into Virginia from: <ul style="list-style-type: none"> - another state, and - a supplier of motor fuel who is not an elective or permissive supplier, and • who transfers that fuel into Virginia by a mode of transportation outside of the terminal transfer system.
Bulk User of Alternative Fuel	a person who: <ul style="list-style-type: none"> • maintains an alternative fuel storage facility, and • uses all or part of the fuel to operate highway vehicles.
Bulk User of Undyed Diesel Fuel	a person who: <ul style="list-style-type: none"> • maintains a undyed diesel fuel storage facility, and • uses all or part of the fuel to operate highway vehicles, watercraft, or aircraft.
Distributor	a person who acquires fuel for resell from a supplier or another distributor.
Elective Supplier	a supplier who: <ul style="list-style-type: none"> • is required to be licensed in Virginia, and • elects to collect Virginia tax on motor fuel removed at a terminal in another state with Virginia as its destination.
Exporter	a person who obtains motor fuel in Virginia for sale or distribution outside of Virginia.
Fuel Alcohol Provider	A person who: <ul style="list-style-type: none"> • Produces fuel alcohol, or • Imports fuel alcohol outside the terminal transfer system.
Motor Fuel Transporter	A person who transports motor fuel for hire by means of a pipeline, tank wagon, transport truck, railroad car, or marine vessel.
Occasional Importer	any person: <ul style="list-style-type: none"> • who imports motor fuel by any means outside the terminal transfer system, and • not required to be licensed as a bonded importer.
Permissive Supplier	a supplier based outside of Virginia who chooses to, but is not required, obtain a Virginia license. NOTE: Permissive suppliers will be issued supplier's licenses.
Provider of Alternative Fuel	<ol style="list-style-type: none"> 1. a person who acquires alternative fuel for sale or delivery to a bulk user or retailer. 2. a person who maintains alternative fuel storage facilities, part or all of which is sold to someone other than a bulk user or retailer to operate a highway vehicle. 3. a person who sells alternative fuel and uses part of the fuel to operate a highway vehicle by means of a fuel supply line from the cargo tank of the vehicle to the engine of the vehicle. 4. a person who imports alternative fuel into Virginia, by means other than the fuel supply tank of a highway vehicle, for resale or use to operate a highway vehicle.
Refiner	any person who owns, operates, or otherwise controls a refinery. Note: Refiners will be issued supplier's licenses.
Retailer of Alternative Fuel	a person who: <ul style="list-style-type: none"> • maintains alternative fuel storage facilities, and • sells or dispenses the fuel at retail for highway use.
Retailer of Undyed Diesel Fuel	a person who: <ul style="list-style-type: none"> • maintains undyed diesel storage facilities, and • sells the fuel at retail or dispenses the fuel at a retail outlet.
Supplier	<ol style="list-style-type: none"> 1. a person who is a position holder. 2. a person who receives motor fuel through a two-party exchange.
Terminal Operator	a person who owns, operates, or otherwise controls a terminal.

VIRGINIA FUELS TAX LICENSE APPLICATION

Use this chart to determine if you need to file a bond with your application and the amount of the bond.

BOND AMOUNT CHART

Bond Amount	Business Operation Type	
\$2,000,000	1. Supplier, who will be: <ul style="list-style-type: none"> • a Position Holder in a terminal, or • the recipient in a two-party exchange agreement. 	2. Terminal Operator 3. Bonded Importer 4. Refiner
Three times the average expected monthly tax liability* (not less than \$2,000 or more than \$300,000)	1. Fuel Alcohol Provider 2. Occasional Importer 3. Distributor 4. Blender 5. Aviation Consumer 6. Provider of Alternative Fuel	7. Retailer of Alternative Fuel who fuels highway and non-highway vehicles from the same storage tank. 8. Bulk User of Alternative Fuel who fuels his own highway and non-highway vehicles from the same storage tank. 9. Any combination of the above activities.

* As determined by the Department of Motor Vehicles

Use this chart to determine if you need to be licensed.

VIRGINIA FUELS TAX LICENSING CHART

PERSONS REQUIRED TO BE LICENSED	PERSONS WHO MAY CHOOSE TO BE LICENSED
Aviation Consumer Blender Bonded Importer Bulk User of Alternative Fuel Bulk User of Undyed Diesel Fuel Elective Supplier Exporter Fuel Alcohol Provider Motor Fuel Transporter Occasional Importer Provider of Alternative Fuel Refiner <i>(refiners will be issued a supplier's license)</i> Retailer of Alternative Fuel Retailer of Undyed Diesel Supplier Terminal Operator	Distributor Permissive Supplier

VIRGINIA FUELS TAX LICENSE APPLICATION

PLEASE PRINT IN INK OR TYPE

A APPLICANT INFORMATION

Business Name			FEIN/SSN		
Trade Name or D/B/A <i>(If different from Business Name)</i>			Federal Certificate of Registry Number		
Contact Person	Telephone Number ()	Fax Number ()	e-mail Address		

B ADDRESS INFORMATION

Street Address <i>(do not list P.O. box)</i>		City	State	Zip Code
Telephone Number ()	Fax Number ()		e-mail Address	
Mailing Address <i>(if different from above)</i>		City	State	Zip Code
Telephone Number ()	Fax Number ()		e-mail Address	
Address for Business Records <i>(do not list P.O. box)</i>		City	State	Zip Code
Telephone Number ()	Fax Number ()		e-mail Address	

C LICENSE INFORMATION Attach additional pages if needed.

Read the definitions in the License Type Chart in the back, before checking a box for **each** license for which you are applying.

<input type="checkbox"/> Aviation Consumer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Occasional Importer	<input type="checkbox"/> Retailer of Undyed Diesel Fuel
<input type="checkbox"/> Blender	<input type="checkbox"/> Elective Supplier	<input type="checkbox"/> Provider of Alternative Fuel	<input type="checkbox"/> Supplier
<input type="checkbox"/> Bonded Importer	<input type="checkbox"/> Exporter	<input type="checkbox"/> Permissive Supplier	<input type="checkbox"/> Terminal Operator
<input type="checkbox"/> Bulk User of Alternative Fuel	<input type="checkbox"/> Fuel Alcohol Provider	<input type="checkbox"/> Refiner	
<input type="checkbox"/> Bulk User of Undyed Diesel Fuel	<input type="checkbox"/> Motor Fuel Transporter	<input type="checkbox"/> Retailer of Alternative Fuel	

Does your business hold any of the following licenses? ☐ Yes ☒ No If you checked YES, list the license number(s) below.

IFTA License Number	IRP License Number	Rental Tax License Number
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Complete the following for any current or past officer, member, owner, partner or controlling shareholder who currently holds or held within the past seven years any fuels tax license:

C (current) P (past)	Name	Title	License Type	License Number

D PRODUCT INFORMATION

Check the applicable box(es) to indicate the type of product you will be handling.

<input type="checkbox"/> #1 Fuel Oil	<input type="checkbox"/> Diesel-Dyed	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Propane	<input type="checkbox"/> Other <i>(explain)</i>
<input type="checkbox"/> Aviation Gasoline	<input type="checkbox"/> Diesel-Undyed	<input type="checkbox"/> Kerosene-Dyed	<input type="checkbox"/> Liquefied Natural Gas	
<input type="checkbox"/> Aviation Jet Fuel	<input type="checkbox"/> Fuel Alcohol	<input type="checkbox"/> Kerosene-Undyed	<input type="checkbox"/> Compressed Natural Gas	
<input type="checkbox"/> Blending Components	<input type="checkbox"/> Gasohol	<input type="checkbox"/> Residual Fuel Oils		

VIRGINIA FUELS TAX LICENSE APPLICATION

E BUSINESS INFORMATION Attach additional pages if needed.

Answer **all** of the following questions and provide all of the requested information.

1. Does your business operate in Virginia only? ☐ Yes ☐ No

If you checked *No*, list all other states where you operate.

2. Does your business own any property in Virginia? ☐ Yes ☐ No

If you checked *Yes*, please describe the property (real estate, aircraft, other vehicles, etc.) and provide its location.

3. Does your business now or has it in the past conducted business using any other trade name or D/B/A? ☐ Yes ☐ No

If you checked *Yes*, provide trade name or D/B/A used.

4. Does any officer, member, owner, partner, or controlling shareholder own or control, directly or indirectly, any other petroleum business (refiners, suppliers, retailers, etc.) in this or any other state? ☐ Yes ☐ No

If you checked *Yes*, provide the official's name, the name of the business, type of business(es) and the street address of each business.

5. Does any officer, member, owner, partner, or controlling shareholder own or control, directly or indirectly, any petroleum transportation equipment? ☐ Yes ☐ No

If you checked *Yes*, provide the official's name, a list of the equipment and provide their garage location address.

**NEW
APPLICANTS
ONLY**

6. Check applicable box. ☐ New Business ☐ Purchase of Existing Business  If you checked this box, complete the following:

Previous Name of Business

FEIN/SSN

Name of Contact Person

Telephone Number

Fax Number

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List the type of product and number of gallons in each storage tank at the time you purchased the existing business.

Product Type	Gallons	Product Type	Gallons	Product Type	Gallons

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F BUSINESS ORGANIZATION INFORMATION Attach additional pages if needed.

1. Check box that describes the organization of your business.					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship			
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Unincorporated Association			
<input type="checkbox"/> Other (Specify)					
2. If you checked <i>Corporation</i> above, provide the following information.					
State of Incorporation		Date of Incorporation		Accounting Year Ending Month	
If your business is not incorporated in Virginia, provide the date your <i>Certificate of Authority to Transact Business in Virginia</i> was granted.					Date
3. Provide the information requested below: Attach additional pages if needed.					
<u>Corporation</u> ALL corporate officers		<u>Partnership</u> ALL partners		<u>Sole Proprietorship</u> owner	
<u>All Others</u> ALL general partners, or members, or managers					
Full Legal Name		Title		Social Security Number	
Resident Address		City		State	Zip Code
Full Legal Name		Title		Social Security Number	
Resident Address		City		State	Zip Code
Full Legal Name		Title		Social Security Number	
Resident Address		City		State	Zip Code
4. If your business organization is a partnership, sole proprietorship or you are applying for an Exporter's License, or your business is based in another state, provide the following information.					
Name of your Virginia Registered Agent					
Street Address		City		State VA	Zip Code
Telephone Number ()		Fax Number ()		e-mail Address	

G FUEL PURCHASE/RECEIPT INFORMATION Attach additional pages if needed.

Provide the following information on all suppliers from whom you will purchase fuel and on all exchange partners from whom you will receive fuel from inside the terminal transfer system.							
Name	Supplier	Exchange Partner	Point of Origin		Point of Destination		Product Type
			City	State	City	State	

VIRGINIA FUELS TAX LICENSE APPLICATION

H STORAGE FACILITY INFORMATION Attach additional pages if needed.

Complete the following for all fuel storage facilities in Virginia and for all terminals located outside of Virginia from which you transport fuel to Virginia.

[illegible]

I SERVICE STATION/RETAIL OUTLET INFORMATION Attach additional pages if needed.


If you plan to own or lease service stations/retail outlets in Virginia, you **must** complete this section.

[illegible]

VIRGINIA FUELS TAX LICENSE APPLICATION

J AVIATION CONSUMER INFORMATION

If you plan to use in excess of 100,000 gallons of aviation jet fuel in a fiscal year, you **must** complete this section.

1. Will you purchase aviation jet fuel in Virginia? ☐ Yes ☐ No
2. Will you import aviation jet fuel into Virginia?
☐ Yes ☐ No  If you checked Yes, you must complete Section P - *Importer Information*.
3. Will you sell aviation jet fuel to bulk users and/or other users? ☐ Yes ☐ No

K BLENDER INFORMATION

Attach additional pages if needed.

All applicants who will blend petroleum products in Virginia **must** complete this section.

What is the estimated number of gallons of taxable fuel you will blend in a fiscal year?

Blending Site Street Address	City	State VA	Zip Code	Tank Capacity
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Check applicable box for each of the following questions.

- Will you blend motor fuel? ☐ Yes ☐ No
- Will you purchase blending components? ☐ Yes ☐ No
- Will you blend gasohol? ☐ Yes ☐ No
- Will you blend bio-diesel? ☐ Yes ☐ No

Provide a complete description of your blending operation.



L BULK USER INFORMATION

If you are applying for a bulk-user's license, you **must** complete this section.

1. Will you maintain bulk storage for motor fuel in Virginia for use, in all or in part, in highway vehicles, watercraft, or aircraft that you own, lease, or operate? ☐ Yes ☐ No
2. Will you maintain bulk storage for alternative fuel in Virginia for use, in all or in part, in highway vehicles?
☐ Yes ☐ No
3. Will you store alternative fuel for highway and non-highway use in the same storage tank?
☐ Yes ☐ No  If you checked Yes, you will be required to file a bond.
4. Do you plan to defer paying tax on alternative fuel to your provider until the provider is required to pay the tax to Virginia's DMV?
☐ Yes ☐ No  If you checked Yes, you will be required to file a bond.
5. Will you import motor fuel into Virginia?
☐ Yes ☐ No  If you checked Yes, you must complete Section P - *Importer Information*.

M DISTRIBUTOR INFORMATION

If you are applying for a distributor's license, you **must** complete this section.

1. Will you import motor fuel into Virginia from either an elective supplier or a permissive supplier?
☐ Yes ☐ No  If you checked Yes, you must complete Section P - *Importer Information*.
2. Will you export motor fuel from Virginia to another state(s)?
☐ Yes ☐ No  If you checked Yes, you must complete Section N - *Exporter Information*.
3. Will you purchase motor fuel for resell from a supplier or another distributor? ☐ Yes ☐ No

VIRGINIA FUELS TAX LICENSE APPLICATION

N EXPORTER INFORMATION Attach additional pages if needed.

If you plan to export fuel from Virginia to another state(s), you **must** complete this section.

1. What type of transportation will you use to export fuel from Virginia? *(Check all applicable boxes.)*

☐ Transport Truck ☐ Rail Road Tank Car ☐ Tankwagon Truck ☐ Other *(Describe)*

2. Will you purchase motor fuel from a licensed supplier and/or distributor? ☐ Yes ☐ No

3. List the states to which you plan to export fuel and your fuel tax license number in each of these states.

State	Fuels Tax License Number	State	Fuels Tax License Number	State	Fuels Tax License Number

O FUEL ALCOHOL PROVIDER Attach additional pages if needed.

If you are applying for a fuel-alcohol provider's license, you must complete this section.

1. Will you produce fuel alcohol? ☐ Yes ☐ No

2. Will you import fuel alcohol from outside the terminal transfer system?

☐ Yes ☐ No ☒ If you checked YES, how will you transport the fuel? *(Check all that apply.)*

☐ Tank Wagon ☐ Railroad Tank Car ☐ Marine Vessel ☐ Transport Truck

P IMPORTER INFORMATION Attach additional pages if needed.

If you plan to import fuel into Virginia from another state(s), you **must** complete this section.

1. Will you import fuel that you will receive from either an elective or a permissive supplier?

☐ Yes ☐ No ☒ If you checked No, you will be licensed as a bonded importer.

2. What type of transportation will you use to import fuel into Virginia? *(Check all applicable boxes.)*

☐ Transport Truck ☐ Railroad Tank Car ☐ Tankwagon Truck ☐ Other *(Describe)*

3. Will you transport fuel for: *(Check all applicable boxes.)*

☐ Yourself ☐ Others ☒ If you checked Others, you will be licensed as a motor fuel transporter.

4. Do you plan to import fuel from a bulk plant located in another state?

☐ Yes ☐ No ☐ Others ☒ If you checked Yes, you will be licensed as an occasional importer.

5. List the states from which you plan to import fuel and your fuel tax license number in each of these states.

State	Fuels Tax License Number	State	Fuels Tax License Number	State	Fuels Tax License Number

Q MOTOR FUEL TRANSPORTER INFORMATION

If you plan to transport motor fuel, you **must** complete this section.

1. Will you transport fuel for-hire *(Check all boxes that apply.)*:

☐ for import into Virginia? ☐ for export from Virginia? ☐ from point to point within Virginia?



2. What mode of transportation will you use? *(Check all boxes that apply.)*

☐ Marine Vessel ☐ Transport Truck ☐ Railroad Tank Car ☐ Tank Wagon ☐ Pipeline

VIRGINIA FUELS TAX LICENSE APPLICATION

R PROVIDER OF ALTERNATIVE FUEL INFORMATION

If you plan to handle alternative fuel, you **must** complete this section.

1. Will you sell or deliver alternative fuels to retailers? ☐ Yes ☐ No
2. Will you sell or deliver alternative fuels to bulk users? ☐ Yes ☐ No
3. Will you store highway and non-highway alternative fuel in the same storage tank? ☐ Yes ☐ No
4. Will you use alternative fuel in highway vehicles that you own, lease, or operate? ☐ Yes ☐ No
5. Will you export alternative fuel from Virginia?
☐ Yes ☐ No  If you checked Yes, you must complete Section N - *Exporter Information*.
6. Will you import alternative fuel into Virginia?
☐ Yes ☐ No  If you checked Yes, you must complete Section P - *Importer Information*.







S REFINERY INFORMATION Attach additional pages if needed.

If you own, operate, or otherwise control facilities with petroleum-refining capabilities in Virginia, you **must** complete this section.

1. Refinery Street Address	City	State VA	Zip Code
2. Provide the product type and estimated number of gallons for each product you plan to refine monthly.			
Product Type	Gallons	Product Type	Gallons
		Product Type	Gallons
		Product Type	Gallons
		Product Type	Gallons

T RETAILER INFORMATION

If you are applying for a retailer's license, you **must** complete this section.

1. Will you maintain storage facilities for motor fuel?
☐ Yes ☐ No  If you checked Yes, you must complete Section I - *Service Station/Retail Outlet Information*.
2. Will you sell motor fuel at a retail outlet?
☐ Yes ☐ No  If you checked Yes, you must complete Section I - *Service Station /Retail Outlet Information*.
3. Will you maintain storage facilities for alternative fuel?
☐ Yes ☐ No  If you checked Yes, you must complete Section I - *Service Station /Retail Outlet Information*.
4. Will you sell alternative fuel at a retail outlet?
☐ Yes ☐ No  If you checked Yes, you must complete Section I - *Service Station /Retail Outlet Information*.
5. If you answered Yes to question 4, will you fill cylinders and/or exchange cylinders?
☐ Fill Cylinder ☐ Exchange Cylinder (*Check all that apply.*)
6. Will you store highway and non-highway alternative fuel in the same storage tank?
☐ Yes ☐ No  If you checked Yes, you will be required to file a bond.
7. Do you plan to defer paying tax on alternative fuel to your provider until the provider is required to pay the tax to Virginia's DMV?
☐ Yes ☐ No  If you checked Yes, you will be required to file a bond.

VIRGINIA FUELS TAX LICENSE APPLICATION

U SUPPLIER INFORMATION ➤ ➤ ➤ **Important:** All suppliers must complete Section H *Storage Facility Information*.

If you are applying for a supplier's license or elective supplier's license, you **must** answer all of the following questions.

1. Will you be a supplier of record on any of the commercial pipelines that serves Virginia? ☐ Yes ☐ No
2. Will you be a position holder in a terminal? ☐ Yes ☐ No
3. Will you receive fuel through a two-party exchange agreement(s)?
☐ Yes ☐ No ➤ If you checked Yes, you must complete Section G - *Fuel Purchase/Receipt Information*.
4. Will you disburse fuel through a two-party exchange agreement?
☐ Yes ☐ No ➤ If you checked Yes, provide the name and license number for all parties.

Name	License Number	Name	License Number

V TERMINAL OPERATOR INFORMATION

If you will own, operate, or otherwise control a terminal, you **must** complete this section.

1. Will you maintain motor fuel storage and distribution facilities to which a terminal control number has been assigned by the IRS?
☐ Yes ☐ No ➤ If you checked Yes, you must complete Section H - *Storage Facility Information*.
2. Will you purchase transmix? ☐ Yes ☐ No

W TAX PRE-COLLECTION AGREEMENT

All suppliers who are required to be licensed or who choose to be licensed **must** complete this section.

Check the applicable box below.

- ☐ I elect to collect the taxes and tank fees due to the Commonwealth of Virginia on motor fuel that has Virginia as its destination state and that was removed from a terminal located in another state.
- ☐ I am an out-of-state supplier who is not required to be licensed in the Commonwealth of Virginia, but I elect to obtain a license and become a permissive supplier (*see definition of a permissive supplier in the instruction section of this application*).

Authorized Representative's Name (<i>please print or type</i>)		Title	
Authorized Representative's Signature			Date
Telephone Number ()	Fax Number ()	e-mail Address	

X CERTIFICATION ➤ ➤ ➤ **ALL APPLICANTS MUST COMPLETE THIS SECTION.**

I CERTIFY THAT I HAVE READ THIS APPLICATION AND KNOW AND UNDERSTAND ITS CONTENTS AND THAT ALL INFORMATION HEREIN IS TRUE AND ACCURATE. I UNDERSTAND IT IS UNLAWFUL TO KNOWINGLY MAKE A FALSE STATEMENT ON THE APPLICATION AND THAT ANY VIOLATION MAY BE PROSECUTED AS A CLASS 5 FELONY (§§ 18.2-434 AND 46.2-105).

Authorized Representative's Name (<i>please print</i>)		Title	
Authorized Representative's Signature			Date
Telephone Number ()	Fax Number ()	e-mail Address	

VIRGINIA FUELS TAX LICENSE APPLICATION

SECTION A - APPLICANT INFORMATION

All applicants complete this section.

Business Name. Sole Proprietor - Enter your full legal name. All Others - list full legal name of business.

FEIN/SSN. Enter your Federal Employer Identification Number or social security number.

Trade Name or D/B/A. Enter, if applicable, your business' trade or D/B/A name.

Federal Certificate of Registry Number. Enter the federal certificate of registry number issued under 26 U.S.C. § 4101.

Note: *Suppliers, terminal operators, blenders, and permissive suppliers must provide this number. Importers, exporters, and distributors issued a certificate, please provide the certificate number.*

Contact Person. Enter the name of a person within your business whom the Virginia Department of Motor Vehicles may contact regarding fuels tax matters.

SECTION B - ADDRESS INFORMATION

All applicants complete this section.

Street Address, City, State, Zip Code. Enter the address where your business is located.

Note: *A post office box address is not acceptable for the street address.*

Telephone Number, Fax Number, e-mail Address. Enter a telephone number, fax number, and, if applicable, e-mail address at the street address.

Mailing Address, City, State, Zip Code. Enter the mailing address for your business, if different from the street address

Telephone Number, Fax Number, e-mail Address. Enter a telephone number, fax number, and, if applicable, e-mail address at the mailing address, if different from the street address.

Address for Business Records, City, State, Zip Code. Enter the address where the company's business records can be found.

Telephone Number, Fax Number, e-mail Address. Enter a telephone number, fax number, and, if applicable, e-mail address for the address where the company's records can be found.

SECTION C - LICENSE INFORMATION

All applicants must complete this section.

License Type. Check the applicable box for each license type for which you are applying. (See the License Type Chart at the beginning of this application.)

Note: *You may be required to have more than one license.*

Licenses Held by Business. Check Yes or No to indicate whether or not the business currently holds any of the license types listed.

If you check Yes, enter the number of each license held by the business

Licenses Held by Business Officials.

- Enter C or P to indicate whether the person is a current or past official of the business.
- Enter the name, position title, license type, and license number for each fuels tax license currently held or held within the past seven years by any official of the business.

SECTION D - PRODUCT INFORMATION

All applicants must complete this section.

Product Handled. Check the applicable box for each type product your business will handle.

If you check Other, enter the name of the product.

SECTION E - BUSINESS INFORMATION

All applicants must answer all of the questions in this section and provide the applicable information requested.

Attach additional pages if needed.

1. Check Yes or No to indicate whether or not your business operates in Virginia only.

If you checked No, provide a complete list of the states where your business operates.

2. Check Yes or No to indicate whether or not your business owns any property in Virginia.

If you check Yes, provide a list of all of those properties and the street address where they are located, if different from the street address provided in Section B.

3. Check Yes or No to indicate whether or not your business is currently or has in the past used any trade name or D/B/A other than the one you listed in Section A of this application.

4. Check Yes or No to indicate whether or not any official of your business owns or controls, directly or indirectly, any other petroleum business in Virginia, regardless of the type business.

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If you check Yes, provide the name of each official, the type of each business, and the street address of each business.

5. Check Yes or No to indicate whether or not any official of your business owns or controls any petroleum transportation equipment, whether in current use or not. *If you check Yes, provide the name of each official, a list of each piece of equipment, and the address where each is garaged.*

6. Check the applicable box to indicate if your business is a new business or an existing business that you purchased. If it was an existing business, provide all the information requested about the business.

SECTION F - BUSINESS ORGANIZATION INFORMATION

All applicants must complete this section.

1. Check the applicable box to indicate how your business is organized.

Corporation - an entity with a legal existence apart from its owners.

All corporations wishing to conduct business in Virginia must first be registered with the Virginia State Corporation Commission.

Partnership - A relationship that exists between two or more persons joined together to conduct trade or business.

All partnerships wishing to conduct business in Virginia must first be registered with the Virginia State Corporation Commission.

Sole Proprietorship - A business owned by an individual.

Limited Liability Company - An unincorporated association of one or more members whose membership interests are based on the capital contributions they make to the company.

All limited liability companies wishing to conduct business in Virginia must first be registered with the Virginia State Corporation Commission.

Limited Partnership - A partnership in which the partners liability is limited to the extent of the investments they make in the partnership.

All limited partnerships wishing to conduct business in Virginia must first be registered with the Virginia State Corporation Commission.

Other - Any type of business not listed above.

2. All corporations must provide all requested information.

State of Incorporation. Enter the state where your Articles of Incorporation are filed.

Date of Incorporation. Enter the date on which your business was incorporated.

Accounting Year Ending Month. Enter the month in which your accounting year ends.

"If your business is not incorporated in Virginia..."

Enter the date the Virginia State Corporation Commission granted your business a *Certificate of Authority to Transact Business in Virginia*.

3. List the following information regarding **ALL** owners, partners, officers, or officials of your business.

If you need additional lines, list the requested information on an additional page and attach it to the application.

Corporation - provide the information requested for **each** corporate officer.

Partnership - provide the information requested for **each** general partner.

Sole Proprietorship - enter your own information.

All Others - provide the information requested for **all** general partners of your business, or members of your business, or managers of your business.

Note: A post office box address is not acceptable for the street address.

4. Provide this information if:

- your business is a partnership or sole proprietorship, or
- you are applying for an exporter license, or
- your business is based outside of Virginia.

Name of your Virginia Registered Agent. Enter the full name of your registered agent in Virginia as filed with the Virginia State Corporation Commission.

Street Address, City, Zip Code. Enter the registered agent's street address in Virginia.

Note: A post office box address is not acceptable for the street address.

Telephone Number, Fax Number, e-mail Address.

Enter the registered agent's telephone number, fax number, and, if applicable, e-mail address.

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SECTION G - FUEL PURCHASE/RECEIPT INFORMATION

All applicants, for each supplier/exchange partner, provide one line of information for each different point of origin, point of destination, and product type.

If you need additional lines, list the requested information on an additional page and attach it to the application.

Name. Enter the business name of the supplier or exchange partner from whom you will receive fuel.

Supplier/Exchange Partner. Check the applicable box to indicate whether the person named is a supplier or an exchange partner.

Point of Origin. Enter the city and state from which the fuel will be received.

Point of Destination. Enter the city and state in which the fuel will be delivered.

Product Type. Enter type of product you will receive from this supplier/exchange partner.

SECTION H - STORAGE FACILITY INFORMATION

If you plan to lease or own a fuel storage facility, or have use of a facility through some other agreement provide information on each facility, including facilities not currently in use.

For each facility, provide one line of information for each product type.

If you need additional lines, list the requested information on an additional page and attach it to the application.

Own/Lease/Other. Check the applicable box to indicate whether you own or lease the facility, or have use of the facility through some other agreement.

Terminal Control Number. (For terminal facilities only.) Enter the terminal control number assigned to the facility by the IRS.

Location. Enter the Street Address, City, and State where the facility is located.

Note: A post office box address is not acceptable for the street address.

How will fuel be received?.

Facility Owner - Check boxes to indicate how products will be received into the facility.

Facility User - Check boxes to indicate how your fuel will be received into the facility.

If you check *Other*, explain how it will be received.

Product Type.

Facility Owner - Enter all of the product types that will be stored in the facility.

Facility User - Enter all of the product types that you will store in the facility.

Storage Capacity.

Facility Owner - Enter the total number of gallons that the facility will hold.

Facility User - enter the total number of gallons that you will store in the facility.

SECTION I - SERVICE STATION/RETAIL OUTLET INFORMATION

You must provide the information requested in this section if you plan to own or lease service stations or retail outlets in Virginia.

For each service station/retail outlet, provide one line of information for each product type that you will maintain. If you need additional lines, list the requested information on an additional page and attach it to the application.

Company Station/Outlet Number. Enter the number assigned to this station/outlet.

Street Address, City. Enter the street address and city, where the station/outlet is located.

Note: A post office box address is not acceptable for the street address.

Lease/Own. Check the applicable box to indicate whether you will lease or own the station/outlet.

Product Type. Enter the type product that you will maintain at the station/outlet.

Storage Capacity. Enter the total gallons of the fuel type that the station/outlet will hold.

SECTION J - AVIATION CONSUMER INFORMATION

Complete this section if you plan to use in excess of 100,000 gallons of aviation fuel in a fiscal year.

Answer each question.

Question 2 - If you answer Yes, you must complete Section P - Importer Information.

SECTION K - BLENDER INFORMATION

All applicants who plan to blend petroleum products in Virginia must complete this section.

If you need additional lines, list the requested information on an additional page and attach it to the application.

“What is the estimated...” Enter the total number of gallons that you estimate you will blend in a fiscal year.

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Blending Site Street Address, City, Zip Code. Enter the address where the blending facility will be located.

Note: A post office box address is not acceptable for the street address.

Tank Capacity. Enter the total number of gallons that this tank will hold.

“Check applicable box...” Check the applicable box to answer each of the questions listed. Provide a detailed description of your blending operations.

SECTION L - BULK USER INFORMATION

You must complete this section if you are applying for a bulk user's license.

Answer each question.

Questions 3 or 4 - if you answered Yes, you must file a bond with your application. (See the Bond Amount Chart at the beginning of these instructions.)

SECTION M - DISTRIBUTOR INFORMATION

You must complete this section if you are applying for a distributor's license.

Answer each question

Question 1 - If you answer Yes, you **must** complete Section P - Importer Information.

Question 2 - If you answer Yes, you **must** complete Section N - Exporter Information.

SECTION N - EXPORTER INFORMATION

IMPORTANT

You cannot export fuel to states not listed on this application unless you first notify DMV in writing of the name of the state and your license number in that state.

You must complete this section if you plan to export fuel from Virginia to another state. Provide information on each state to which you plan to export fuel.

If you need additional lines, list the requested information on an additional page and attach it to the application.

1. Answer each question.
2. List all of the states to which you plan to export fuel and your fuels tax license number in each of those states.

SECTION O – FUEL ALCOHOL PROVIDER

You must complete this section if you are applying for a fuel alcohol providers license.

Answer each question.

Question 2 – If you answer Yes, check the applicable boxes to indicate how you plan to transport the fuel.

SECTION P - IMPORTER INFORMATION

IMPORTANT

You cannot import fuel from states not listed on this application unless you first notify DMV in writing of the name of the state and your license number in that state.

You must complete this section if you plan to import fuel into Virginia from another state. Provide information on each state from which you plan to import fuel.

If you need additional lines, list the requested information on an additional page and attach it to the application.

Answer each question.

Question 1 – If you check No, you will be licensed as a bonded importer.

Question 3 – If you check Other, you will also be licensed as a motor fuel transporter.

Question 4 – If you checked Yes, you will be licensed as an occasional importer.

List all of the states from which you plan to import fuel and your license number in each of those states.

SECTION Q - MOTOR FUEL TRANSPORTER INFORMATION

You must complete this section if you plan to transport motor fuel for-hire.

Check all boxes that apply to both questions.

SECTION R - PROVIDER OF ALTERNATIVE FUEL INFORMATION

If you plan to handle alternative fuel, you must complete this section.

Answer each question.

Question 5 - If you answer Yes, you must complete Section P - Importer Information.

Question 6 - If you answer Yes, you must complete Section N - Exporter Information.

SECTION S - REFINERY INFORMATION

You must complete this section if you own, operate, or otherwise control a facility in Virginia that is capable of petroleum refining.

If you need additional lines, list the requested information on an additional page and attach it to the application.

1. Enter the street address, city, and zip code where the facility is located in Virginia.
2. Enter the type of products you will refine and the estimated monthly production of each product type.

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SECTION T - RETAILER INFORMATION

If you are applying for a retailer's license, you must complete this section.

Answer each question.

Questions 1, 2, 3, or 4 - If you answer Yes, you must complete Section I - Service Station/Retail Outlet Information.

Question 6 - If you answer Yes; you must file a bond with your application. (See the Bond Amount Chart at the beginning of these instructions.)

SECTION U - SUPPLIER INFORMATION

IMPORTANT

**All suppliers must also complete
Section H - Storage Facility Information.**

If you are applying for a supplier's or elective supplier's license, you must complete this section.

If you need additional lines, list the requested information on an additional page and attach it to the application.

Answer each question.

Question 3 - If you answer Yes, you must complete Section G - Fuel Receipt/Purchase Information.

Question 4 - If you answer Yes:

- provide the name and license of all persons with whom you have an agreement, or
- enter NONE if you do not currently have a two-party exchange agreement with anyone.

Note: *If you enter into a two-party exchange agreement in the future, dissolve an agreement, or enter into a new agreement, you must report the name and license number of the agreement members.*

SECTION V - TERMINAL OPERATOR INFORMATION

You must complete this section if you own, operate, or otherwise control a terminal in any state.

Question 1 - If you answer Yes, you must complete Section H - Storage Facility Information.

SECTION W - PRE-COLLECTION TAX AGREEMENT

*All suppliers who are required to be licensed: FT213 (Rev. 07/03)
choose to be licensed must complete this section.*

Check the applicable box and provide the remaining information.

Authorized Representative's Name, Title. Print or type the name and title of the person authorized by the business to sign this agreement.

Authorized Representative's Signature and Date.

Authorized Representative - Sign your name and write the date in the space provided.

Telephone Number, Fax Number, e-mail Address.

Enter the telephone number, fax number, and, if applicable, e-mail address of the authorized representative.

SECTION X - CERTIFICATION

IMPORTANT

ALL APPLICANTS MUST COMPLETE THIS SECTION.

Authorized Representative's Name. Print or type the name and title of the person authorized by the business to sign this certification.

Authorized Representative's Signature and Date.

Authorized Representative - Sign your name and write the date in the space provided.

Telephone Number, Fax Number, e-mail Address.

Enter the telephone number, fax number, and, if applicable, e-mail address of the authorized representative.